



Iowa Department of Revenue

www.state.ia.us/tax

Methane Gas Conversion Property Tax Exemption Application

Pursuant to Iowa Code Section 427.1 (29)

To be filed with the assessing authority on or before *February 1* of each assessment year.

Legal Description: _____

Address of Property: _____

Taxing District and County: _____

Titleholder or Contact Buyer: _____

Address (if different than above): _____

Name and address of sanitary land fill connected to operation: _____

Provide a brief description of property that is classified as methane gas conversion property. Provide attachment if necessary. _____

Does property consume fuel other than methane? Yes ☐ No ☐

If yes, list ratio that the methane gas consumed bears to total fuel consumed. First year application may be estimated, subsequent year utilize actual ratio.

Cost/Assessed value of property utilized to collect methane gas

Cost/Assessed value of property utilized to convert methane gas to energy

If applicable multiple times ratio above:

x

Signed _____ Date _____

Contact Person _____ Telephone Number _____

TO BE COMPLETED BY ASSESSING AUTHORITY

I here by certify that the above property is eligible to receive the tax exemption as provided by Iowa Code Section 427.1(29).

Date Application Received

Assessing Authority